PRINTED: 10/04/2016 FORM APPROVED

(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL096004 08/24/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **305 SOUTH VANCE STREET WAYNE COUNTY REST VILLA NO 2 EUREKA, NC 27830** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This is a Report of a Biennial Construction Survey done by Bob Getchell on August 24, 2016. This facility was first licensed as a Home for the Aged serving 12 residents on August 8, 1995. Therefore, the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and, the 1991 North Carolina State Building Code Section 409- Institutional Occupancy. Deficiencies were noted and a Plan of Correction is required. C 155 C 155 Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable: (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the facility floors were not maintained safe. Findings include: a) Room 2 has damaged floor tile. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PRO		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE	(X3) DATE SURVEY						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED							
		HAL096004	B. WING		08/2	4/2016						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE									
WAYNE	COUNTY REST VILLA	NO 2 305 SOUT	H VANCE S	TREET								
EUREKA, NC 27830												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	HOULD BE COMPLETE							
C 189	Continued From page 1		C 189									
	REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.										
	This Rule is not met as evidenced by: 1. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.											
	Findings include:											
	has been removed b) Bedroom 2 has a c) The corridor bath scrubs the frame, d) Room 4 door has a broken latch, mis- e) The handicapped has a loose knob th	oor has a hole where hardware covered with plastic. a loose door handle, hroom door at the kitchen s inoperable door knob due to sing strike plate, d bathroom door near room 4 hat will not latch. d bathroom door near Living										
	signage was not ma	vation, the building exit aintained in a safe manner. I residents by not keeping the mergency.										
	Findings include:											
	a) Exit sign at left E	Exit has bulbs out										
	3. Based on observ	vation, the building fire alarm										

Division of Health Service Regulation STATE FORM

6899 78EU21 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL096004	B. WING		08/24/2016		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE				
WAYNE (COUNTY REST VILLA	NO 2	H VANCE ST NC 27830	FREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
C 189	Continued From page 2		C 189				
	system was not maintained operable. This would affect all residents by not alerting them to an emergency						
	Findings include:						
		nel showed that the system and was left silenced.					
C 200	C 200 Facilities for 7-12 ResCall System						
	Facilities for 7-12 ResCall System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility call system was not maintained operable. Findings include: a) The call system control panel is not sounding in the staff bedroom.						

6899

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78EU21 If continuation sheet 3 of 3